PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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DEBORAH A	TOMASZE	WSKI	(Depositor's same)
V Donat	and	maske	(Signature)
MARCH 30,	2010	0	(Due)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE CONFIRMATION NO ADDLICATION NO 10/714.110 11/14/2003 Clemens Jung IT20030039 1927 TITLE OF INVENTION: METHOD OF OPERATING A DISHWASHER WITH A CENTRAL CONTROL UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/08/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS]		
KO, ST	EPHEN K	1792	134-018000			
Change of correspondence address or indication of "Pee Address" (37 CFR 1.503). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		For printing on the p (1) the names of up to or agents OR, alternati	3 registered patent attorn	ieys 1	MORRISON BAIR, P.C.	
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	DAIR, F.C.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE; (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

WHIRLPOOL CORPORATION BENTON HARBOR, MI

Please check the appropriate assignee category or categori	es (will not be printed on the patent):	☐ Individual	☑ Corporation or other private group entity	Government
4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (pply any previously paid issue fee shown ab	ove)

Issue Fee

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1560 (enclose an extra copy of this form). Advance Order - # of Copies _

5. Change in Entity Status (from status indicated above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Date MARCH 30, 2010 Authorized Signature ____ Typed or printed name MICHAEL D. LAFRENZ 56,908 Registration No.

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